

DOCUMENT RESUME

ED 228 758

EC 151 604

TITLE Unesco Expert Meeting on Special Education (Unesco Headquarters, Paris, October 15-20, 1979). Final Report.

INSTITUTION United Nations Educational, Scientific, and Cultural Organization, Paris (France).

REPORT NO UNESCO-ED-79/CONF.606/COL.28

PUB DATE Oct 79

NOTE 42p.

AVAILABLE FROM UNESCO, 7 Place de Fontenoy, 75700 Paris, France (no price quoted).

PUB TYPE Reports - Descriptive (141) -- Collected Works - Conference Proceedings (021)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.

DESCRIPTORS *Developing Nations; *Disabilities; Early Childhood Education; Elementary Secondary Education; Family Role; Foreign Countries; *Handicap Identification; International Organizations; *Intervention; *Normalization (Handicapped); Parent Participation; *Special Education

IDENTIFIERS Algeria; Jamaica; Malawi; Philippines; *UNESCO

ABSTRACT

Major issues addressed during a 1979 international meeting of experts on special education, which was sponsored by the United Nations Educational, Scientific, and Cultural Organization (UNESCO), are summarized. In addition, recommendations are offered for UNESCO's immediate and future special education program. The following topics are discussed: early detection of handicaps, assessment and intervention; parents as partners in the education of their handicapped child; training; adapted special education; and integration of the handicapped into normal educational structures and active life. Attention is also directed to principles developed by the experts to guide UNESCO in drafting special education programs. An attempt is made to integrate theories and effective practice in the realm of special education, and ways in which practices can be adapted to areas with severe economic and social problems are described. Specifically, the experiences of the following countries are briefly discussed: Jamaica, the Philippines, Malawi (East Africa), and Algeria. Appended materials include a questionnaire administered to experts, and lists of participants and papers delivered. (SEW)

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Unesco Expert Meeting on Special Education

Unesco Headquarters
Paris, 15-20 October 1979

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INTRODUCTION

An international expert meeting (category VI) on special education was held at Unesco Headquarters in Paris from 15 to 20 October 1979. The meeting was convened in accordance with resolution 103 adopted by the twentieth session of the General Conference, with its main objective to advise the Director-General on the formulation of a comprehensive, long-range programme of action designed to enhance the rights of all handicapped persons to an appropriate education.

Although special education has always been recognized as falling within the field of competence of Unesco, a comprehensive programme in this field was only drawn up in 1966, when the fourteenth session of the Unesco General Conference unanimously adopted resolution 1.133, which authorized the Director-General "to develop a programme in special education for handicapped children and young people on the basis of voluntary contributions from Member States", as a ground for future activities of the Organization in this domain. In 1968 a staff member was appointed to be responsible for the programme. In that same year an expert meeting was held to advise Unesco on guidelines for its long-term programme in special education. Priority at that stage was given to the operational aspect, and already then a redirection in the approach to the delivery of services with a community slant was recommended as a guiding principle. The undertaking of studies was also seen as a necessary activity to support and orient action.

In this past decade Unesco's special education programme focused on the following activities: (a) establishing and developing relations with Specialized United Nations agencies and with specialized non-governmental organizations; (b) undertaking world-wide studies of a comparative nature on various topics of interest; (c) co-operating with Member States through technical and/or financial assistance in accordance with the expressed wishes of the individual countries, focusing mostly on planning, training and educational equipment.

On the regional level, a number of seminars were held aiming at promoting awareness, stimulating action and training.

A total of 14 experts, from 14 countries, representing all regions, participated in the meeting along with 16 observers from United Nations agencies, other international organizations and non-governmental organizations (Annex 3). Three experts invited were unable to participate.

Participating experts were invited to reply to a questionnaire prepared by Unesco on specific issues pertaining to Unesco's special education programme (Annex 1). Furthermore, certain themes of particular interest and concern were included in the agenda, namely: early detection, assessment and intervention; parents as partners in the education of their handicapped child; training; adapted special education; and integration of the handicapped into the normal educational structures and active life.

The participants who attended in a personal capacity were provided with the secretariat position paper (ED-79/CONF.606/3), two information documents and 16 reports contributed by the participants that elaborated issues pertinent to the agenda of the meeting.

The meeting was opened by Mr. F. Mayor, Deputy Director-General of Unesco. Mr. Mayor referred to the growing interest in the special education field of an increasing number of Member States and their expressed wishes to have Unesco's special education programme strengthened. He pointed to the value of having access to such a widely representative group of experts from different cultural backgrounds, on whom Unesco could draw for advice for the elaboration of its programme of action with Member States. He also made reference to the other United Nations agencies involved in work for the handicapped, such as WHO, particularly in the field of prevention, and ILO in vocational rehabilitation and training and employment of the handicapped. He emphasized that Unesco's field of competence was education of the handicapped, aiming at reducing difficulties and enabling handicapped persons to become involved and integrated into daily life as independent and productive members of their communities. He elicited the need to analyse existing educational structures and make room for a diversified system offering wider options for people with special needs, bearing in mind the diversity of situations in the developing as well as the developed world.

Dr. E.W. Martin was elected chairman, Professor A. Hulek and Mrs. A. Yaker vice-chairmen, and Dr. M. Thorburn rapporteur. Professor P. Mittler was a member of the drafting committee.

The meeting acknowledged with satisfaction the substantial progress made by Unesco in special education since 1967, considering the very limited resources. This is seen in the increasing programmes and the interest paid to it by governmental and non-governmental organizations, private institutes and individuals.

The meeting strongly supported resolution 103 adopted by the twentieth session of the General Conference in 1978 which deserves special attention and indeed will enhance the development of special education in Member States in the immediate future.

PART I

General principles and current trends

This section of the report seeks to summarize, necessarily briefly, the main points emerging during the meeting, both from the papers presented by the experts⁽¹⁾ and from the ensuing discussions. It brings forward the statement of principles developed by the experts aimed at establishing a conceptual framework for their task in formulating specific suggestions addressed to the Director-General to guide him in drafting future programmes of the Organization in the field of special education.

It tries, as far as possible, to outline theories and practice in the realm of special education which have proved effective, and to point out that, although practice will inevitably vary because of widely differing social and economic circumstances, there are nevertheless principles which are common to all situations and which should be borne in mind when devising ways and means of providing special education services for any country or region. Where practice in highly developed countries is described, which aims at providing the best possible services, the report also indicates ways in which this practice can be adapted to suit areas with severe economic and social problems, and where at present only a minimum of provision is afforded.

(1) See Annex 2 for list of papers presented.

1. Statement of principles

Significant advances in teaching techniques and important innovative developments have taken place in the field of special education, particularly during the past decade, and much more can be achieved in the teaching of handicapped persons than has previously been thought possible. Such advances, however, are currently limited to only a few centres, and there is an urgent need for Unesco action in actively assisting the dissemination of the best techniques and examples of good practice throughout the world. It is furthermore to be noted that many of these advances in teaching techniques can be adapted to the needs of developing countries with limited reserves of materials and personnel.

Unesco as an organization concerned with educational, scientific and cultural matters, should assure that concern for the disabled and specific actions on their behalf be a part of all of its varied activities and not limited to a narrow, specialized programme.

Each child has a right to an education. The purposes and goals of education are essentially similar for all children, while the techniques required to help individual children progress may be different. Some children will require substantial modification of the educational programme, others only minor variations.

Special education is the educational component of rehabilitation. It is needed for all those individuals who experience or are at risk of experiencing significant and continuing difficulties in learning and in adjusting to normal educational opportunities made available to other persons.

Children and adults with disabilities comprise a substantial part of the population. The consensus of expert opinion and various research surveys is that 10 to 15 percent⁽¹⁾ of children are identified as disabled and require active intervention and specialized services. Conditions of poverty, disease, etc., can result in higher prevalence of disabled children who will require special educational intervention.

(a) Educational resources for handicapped students should be comparable to those available for other students and appropriate to meet the special needs of those children, since these needs have often been long neglected or received unduly low priority.

(b) Special education programmes in the future will be found in a variety of settings, with some disabled children able to participate in a regular school setting, while others will require very intensive programmes. There should be, as a basic assumption underlying educational and other efforts on behalf of the handicapped, a commitment to integrating the disabled person as fully as possible into the community of non-handicapped persons. History is replete with examples of unnecessary segregation of disabled, and consequent substandard treatment and discrimination.

(c) Wherever handicapped students are being educated alongside non-handicapped students, those responsible for educational provision must develop a clearly stated plan which specifies the steps to be taken and the precise resources which will be required to ensure that the assessed needs of the individual student will be fully met. Placing a handicapped student in a normal setting is only the first step to integration.

(1) See references on page 18.

(d) Special educational services should be:

- (i) Individualized - i.e. based on the assessed and agreed needs of the individual student and leading to clearly stated curriculum goals and short-term objectives which are regularly reviewed and where necessary revised.
 - (ii) Locally accessible - i.e. within reasonable travelling distance of the pupil's home or residence except in special circumstances where the pupil's needs cannot be met by these means.
 - (iii) Comprehensive - i.e. serving all persons with special needs irrespective of age or degree of handicap, such that no child of school age is excluded from educational provision on grounds of severity of handicap or receives educational services significantly inferior to those enjoyed by any other students.
 - (iv) Offering a range of choices commensurate with the range of special needs in any given community.
- (e) Educational services should be made available to children below school age and be educationally and developmentally orientated. Home visiting services should be available from the first weeks of life.
- (f) Educational opportunities should also be provided to adolescents and adults at least on the same scale as to all other sections of the community.
- (g) To respond appropriately to these needs there must be a primary responsibility placed in a single agency. The meeting felt that educational authorities should have the responsibility for education of all children, without regard to the type or severity of their disability. Comprehensive programming for disabled persons will require a full range of services, health, social welfare, rehabilitation, employment placement, etc., and this will necessarily involve close co-operation among various governmental community and voluntary agencies. Some agency, however, must take the lead and assume the responsibility for the child. The establishment of a national body such as a council or commission for the handicapped to co-ordinate and promote intersectoral and interdisciplinary planning and development is seen as a necessary step especially for countries which are venturing newly in the provision of services for handicapped persons.
- (h) While special educational programmes will necessarily entail additional expenditures and each nation is faced with the fact that it has insufficient funds to meet all its purposes, the costs of failing to provide early identification and education of handicapped children and to subsequently train those children and place them in the work force are much greater. Studies of rehabilitation and education programmes across the world document that the economic advantages from such programmes in productivity, payment of taxes by handicapped persons and reduced need for welfare assistance and disability stipends, outweigh the costs. Failure to educate and train handicapped persons in proportions equal to the provisions of services for the non-handicapped, because of the problem being perceived as a lower priority, result in later expensive programmes to care for the untreated disabled. Developing nations, as they formulate new approaches to educating children, should be aware of the problem other nations have had in following this approach of giving a low priority to the handicapped. Handicapping conditions are caused by, and cause, underdevelopment and dependency.

2. Prevention, early detection, assessment and intervention

During the first few years of life, physical, intellectual and emotional development is at its most malleable and is most receptive to outside influences. Research in the field of the psychology of learning has shown that opportunities for the early improvement of a handicapped child are greater the sooner the handicap is detected and educational intervention is started. Such measures offer an opportunity, not only to counteract in good time handicaps which are in the process of development, but also of preventing impending handicaps. The development processes of the nervous system are such that the first years of life are those with the highest potential for the acquisition of skills. The child's present and future are determined by these first years, and by the quality and quantity of the stimuli which it receives and which it can profit by. A child whose development at this early stage is disturbed owing to some deficiency, dysfunction or lesion cannot profit by the usual stimuli from the environment. This increases its difficulties and makes it vulnerable and prone to other problems.

Prevention. There are, however, special preventive measures which can be undertaken before and during pregnancy, and immediately after birth. Eugenic counselling before pregnancy can help to reduce the incidence of such defects as Down's syndrome and hereditary deafness; as regards the latter, it should be remembered that about half the cases of deafness are due to genetic defects. Protective vaccination against rubella and tests to ascertain the parents' blood group, in particular for Rh incompatibility, are extremely important. Special preventive measures need especially to be taken in residential areas inhabited by low income groups or families whose mother tongue is different from that spoken in the country where they live. Similar measures are also necessary in refugee camps and in crèches and day nurseries in order to avoid a great number of children living under such conditions having to be educated under special programmes for the mentally retarded and slow learners when they reach the age of compulsory education.

Detection and assessment. Detection and assessment in the first year or even in the first few months of life are of paramount importance, since programmes begun at this early stage have the most intense and lasting effects, not only on the primary handicap, but also on preventing the secondary and tertiary results of this handicap. The basic requirement for optimal early detection and educational treatment of handicapped children must be seen in prophylactic screening tests to be applied at fixed intervals to all children during the first four years of their lives, for example:

- immediately after birth;
- one week after birth;
- four to six weeks after birth;
- four to six months after birth;
- nine to 12 months after birth;
- between 18 months and two years;
- during the fourth year of life.

Early awareness and diagnosis, which is of such prime importance, necessitates multidisciplinary co-operation. The main prerequisite for this is the early detection of high-risk infants. As far as the timing of early detection measures is concerned, we have to distinguish between three groups of children:

those with handicaps which can be identified and diagnosed immediately after birth, e.g. children with Down's syndrome or cleft palate;

those with handicaps which can be detected and assessed during the first few months of life, e.g. some physical handicaps and impairment of hearing and vision;

those with handicaps due to a retarded general development, e.g. learning disabilities, speech and language disorders and behavioural problems.

A high-risk register, which is applicable to Western Europe and North America (but which would not necessarily be valid without modification for the rest of the world), is to be recommended to help to identify babies as being at risk for hearing impairment; the presence of any of the following can form the criteria for such a register:

1. a history of hereditary childhood hearing infection;
2. rubella or other foetal infection;
3. defects of the ear, nose or throat;
4. birth weight less than 1,500 grams;
5. Bilirubin level greater than 20 mg./100 ml. serum.

Infants identified as being at risk for any of these reasons should be audiologically tested during their first three months of life, and even if their hearing appears to be normal, they should receive regular testing for hearing impairment thereafter. For all children, it is most important that their hearing be tested at different ages, since hereditary hearing impairment is not necessarily present at birth. About two-thirds of hearing-impaired children are cases of progressive deafness, and in their first year or two of life they may have only a slight hearing loss.

It is to be remembered that the detection of a hearing-impaired child after the first year of life is not an early one, and home training which does not begin at least before the eighteenth month of life is not considered as early education. By the age of seven months, all children who have hearing defects can be detected. Excellent screening tests with simple equipment for very early detection can be made available for use by parents, and since they do not require special equipment, they are equally suitable for developed and developing countries. Once the initial screening has been done, however, further diagnosis does need more sophisticated apparatus and specialist skill.

We must not forget, however, that early detection and assessment which are not backed up by suitable intervention is of no use, and can indeed be very cruel to parents, arousing expectations which are not realized. If it is not possible to provide the necessary educational measures to remedy the effects of handicap, then it is better not to diagnose. In addition, there is often a time-lag between the early detection of a child's need for special education and intervention, due to poor communication between medical specialists and educational groups who are able to provide the help needed. The importance of good, speedy co-operation between specialists in the various fields cannot be over-stressed. All those who deal with pre-school children with special educational needs require special training and guidance in the handling of these children, including nursery-school teachers and play-group organizers as well as the parents.

There is also a danger, when assessment and registration of a handicap has taken place, that such registration may in some cases lead to the categorization of a child, which may in turn be a source of social stigma for the future. Such stigma can only be harmful for a child and prejudice his chances of successful integration into society as a whole, and experts agree that great care should be taken to avoid this happening; the education of public attitudes to handicap should go hand in hand with the identification of a child with special educational needs.

Intervention. Educational help for the handicapped child, as we have already seen, should be made available from the earliest possible moment. This early education should take place whenever and wherever possible, in the home and cannot therefore be undertaken without regular home visits from a trained specialist who can explain to the parents in their normal environment what they can do to encourage the child's cognitive, psychomotor, social and linguistic development, and who can train the parents in compensatory techniques. Special educational efforts have to be made which are directed at the impairment which has caused handicap, or at the functional consequences of such an impairment. Whenever residual functions or inadequately used potential can be stimulated, measures for re-education have to be applied, for example:

psychomotor training for mentally retarded infants;

physiotherapy for physically handicapped infants;

auditory education for hearing-impaired infants;

mobility training for visually handicapped infants.

The principle of correcting the behavioural effects of impaired function has also to be applied as early as possible, for instance in modifying the stereotyped movements of blind or mentally retarded children, and in providing speech therapy for those with defective speech.

Whatever handicap a child is suffering from, it is important that an individual programme be devised for each child, and for this, early co-operation between specialists is essential. Specialist workers need to be trained to work as a team not dominated by any one specialization when drawing up a programme for an individual child. Assessment when preparing such a programme should be done in the home, in the child's natural surroundings, although tests requiring special equipment will clearly have to be undertaken in special conditions.

3. Parent participation

Education is concerned with everything that helps the child to develop; this education begins at birth, and the parent is at the heart of the educational process. Parental involvement should therefore be considered a central component of special education.

One of the most significant developments in the field of special education over the past decade has been the involvement of parents in the education of their handicapped child. This involvement means the active participation by parents in programmes designed to help their own child. Experts agree on the importance of the early months of life, and it is important that parents be made aware of this, and of the unique and special problems and concerns which the early months of a handicapped child's life may create. Parents need to be taught the best way of helping their child.

Bearing in mind the wide cultural, social and economic variations that exist in the world, strategies for parental involvement will also vary; however, the following suggestions are put forward for possible ways in which truly effective parental involvement at all stages of a child's education might be achieved.

Once diagnosis of a handicap has been made, hospitals, or whoever is responsible for the diagnosis, should have clear procedures for explaining the child's problem to the parents. The way in which this is done is of such profound importance for the development of the parent-child relationship that it deserves the most serious consideration at all levels. It is important, too, that parents should have opportunities to discuss the problem right from the beginning, and they could be given information, perhaps in the form of a simple leaflet, about the various organizations, professional and voluntary, who may be able to offer help. An individual programme for each child needs to be drawn up by practitioners and therapists working closely with the parents.

It is important to offer a home-visiting service at the earliest possible moment. Wherever possible, one person should act as the point of contact for families; this person will provide emotional and practical support for the family, will be the one who delivers services from the various agencies, so as to avoid the risk of contradictory advice; besides acting as mediator between the family and the professionals, this home visitor will provide co-ordination between the various professionals concerned.

The home visitor, or whoever is providing the service for parents, needs to be able to see the child in his own environment and to relate suggestions for teaching or treatment to the needs of the family in their own home. The welfare of the family as a whole needs to be considered, and the needs of the child must be seen in the context of the family, so that wider problems, such as relationships with other members of the family, can be considered.

Parents will be seen as the main treatment resource for the child, and day-to-day treatment will be mainly developmental, that is, concerned with the ways in which the child can be helped to acquire the basic physical, social, emotional, cognitive, language and communications skills. Parents therefore need to be closely involved in the process of assessment of strengths and needs, and in the selection of short or longer term teaching goals which are suited to the individual child. Methods by which these goals may be reached are again best considered in the setting of the home, so that methods can be related to the day-to-day realities of the home and the practical possibilities for the family to put the advice into practice.

The importance of siblings should also be stressed; research indicates that they do not necessarily suffer from having a handicapped child in the family, and they may even benefit from taking part in a training programme.

Parents should be encouraged to understand their child in terms of his abilities, as well as his disabilities, so that they can set realistic goals with the help of the professional. Parents should not only be given facts about a child's limitations, but should also have his abilities pointed out to them, so that they can be built on. Parents need to be prepared for some of the specific difficulties which they will experience in meeting the needs of a child whose development is not proceeding normally. Age is not always a guide, since not only will development probably be proceeding more slowly than is normal, but some areas of a child's development may be proceeding more slowly than others. It is important for the parents to be aware of the significance of such uneven development.

In the area of speech and language, for instance, parents are often easily discouraged and need to appreciate the significance of even the smallest step in development. Moreover, there is sometimes a risk that the child remains for too long at a particular stage because it is assumed to be part of the handicap. Each developmental step needs to be planned by teacher and parent together, and parents need to be helped to be alert to signs that it is time to move on to the next step. It is to be remembered that some difficulties stem from teaching goals that are no longer developmentally appropriate.

During the early training by parents, they will talk to the child about all the activities that go on in the home, so that the child is involved as much as possible in these activities and can relate language to them as far as he or she is able. All opportunities to provide stimulus, inside and outside the home, should be taken, and in this way the child will be provided with a rich background of language on which the teacher can build later, when the child reaches school-age. Consistency of handling is extremely important, and parents can help to prepare the child for school by providing a consistent environment. As for all children, discipline, based on real concern and love, is important, and a handicapped child needs realistic limits to be set for his behaviour.

When considering parent-teacher co-operation, studies indicate that best results are obtained when parents and teachers work together. Although the importance of parental involvement is coming to be recognized by teachers, it is only rarely put into practice; recent approaches emphasize that education must be concerned with the whole range of environmental contexts that influence a child's development. At the time of a child's first entry to school, every attempt should be made to establish a working partnership between parents and teachers. They have similar goals; they will both be concerned that the individual child should achieve as high a degree of self-care and social independence as is possible. Studies contrasting the relative influence of home and school on a child's intellectual and educational development strongly suggest that the influence of the home is comparatively greater in the early years, and that children who come from homes where parents take an active interest in the child's education tend to have higher school achievement.

If possible, the teacher who will be working with the child should have an opportunity to visit the family home before a child starts to attend school, and parents and child should have opportunities to get to know the school and teachers before starting. Once a child is in school, teacher-parent co-operation can continue in various ways: home-school diaries can be kept, in which teachers and parents exchange information about the goals set for a child, and ways and methods used to help the child to reach them; regular visits to the child's home by the teacher should be established; there could be a school-based social worker who would provide opportunities for parents to discuss wider problems such as the child's future; parent workshops can be set up to provide opportunities for groups of parents to meet to discuss children's progress, and to develop joint teaching programmes which aim at a consistent approach in helping them to achieve specific behaviour targets over a short period. Some countries now have legislative provision to ensure that every handicapped child has an Individual Programme Plan suited to his needs. Parents have the right to be fully consulted in drawing up and implementing this plan. They also need to be aware of the teaching methods and strategies used by teachers and other professionals. It is important for teachers and parents to be as consistent as possible in their approach. To achieve this, methods need to be discussed and agreed between teachers and parents.

When considering parent-teacher co-operation, we must remember the immense amount of support which parents of handicapped children give each other. Parents often get together spontaneously to provide mutual help, or they may be encouraged to do this by existing parent societies or other groups, for instance by providing opportunities for new parents to be visited by a fellow parent.

In many countries, of course, many of these proposals are inappropriate for social or economic reasons, but the basic principle of parental involvement remains valid whatever the circumstances. The following suggestions were made for areas where particular problems are encountered.

When a home-visiting programme is planned, for instance, and personnel is insufficient to allow families to be visited individually, families can be grouped together and visited in different homes in turn. This has the advantage of helping families to provide support for each other, and of avoiding feelings of isolation. Where illiteracy is a problem, not only in developing countries, but also in developed countries where there is an immigrant population, it must be remembered that all parents have the resource of language, and parent education can be done orally. The language used must be the language of the family concerned. Books can be provided which teach through pictures only, without the use of the written word. If there is a literacy programme in any area, often the material used can be adapted to provide information for parents about good practice in handling their children. The Portage Programme model is to be recommended for adaptation for areas with limited resources. Much can also be done by developing child-to-child programmes, and teaching siblings to help in the educational programme of a handicapped child.

There was some discussion on the extent to which parents can or should be involved in the education of handicapped adults. Young adults who are handicapped are usually still living with their parents, and here also, if there has been close partnership between professionals and parents from the earliest years, there is less likely to be conflict over objectives. It is also important for parent representatives to serve as members of local and national planning bodies concerned with services for the handicapped.

4. Personnel training

When considering the training of personnel to work with handicapped children and adults, it is important to evaluate the needs as seen against the background of the present structure and level of development in the country concerned. Educational demands and possibilities differ widely from one country to another; it is not possible to lay down hard and fast guidelines for training, since experience has shown that varying types of training have their uses.

It should be remembered that special teacher training will always take into consideration the present needs of the country concerned, and also that it will be necessary continually to adjust the training. Special teacher training is a dynamic field, and wherever possible it should take place in the country in which the education is to be used, or at least in a place where the cultural background and level of development are not too different. There will of course be a few exceptions when a person will benefit from a course of training in a country whose level of development is at a completely different stage, but this practice can give rise to problems, such as the teacher preferring to remain in the more highly developed country, where working conditions and levels of pay are better than in his own, or he may have difficulty, when returning to his own country, in relating what he has learnt to the realities of the prevailing situation.

In recent years there has been a movement away from training special teachers to work with children in special schools, towards making use of them for early stimulation in the home and the integration of handicapped children into regular schools wherever possible. This means that special teacher training has to be organized so that information is given not only on how to work with children who have some kind of handicap, but also on how to equip a handicapped child or adult to adapt to the conditions under which he/she lives. A close relationship can be seen between special education and rehabilitation, and at a certain stage and in some subjects personnel working in rehabilitation and teachers may be trained together. This could be the case for special teachers, social workers, occupational therapists and physiotherapists. Training in special education needs to be provided not only for teachers with a background of regular teacher training, but also for people with different educational backgrounds, such as nurses or kindergarten teachers who may have to work with handicapped infants.

In general, it seems that there are four or more different types or levels of training which have been successfully applied:

1. specialized post-graduate courses for regular teachers, lasting one or two years, and leading to a higher diploma or qualification; in some countries correspondence courses are available;
2. training in special education for the handicapped which forms an integral part of regular teacher training;
3. short in-service training courses for practising regular teachers in various aspects of special education;
4. training courses for other personnel, such as social workers or district nurses who will be concerned with helping parents with the pre-school education of their handicapped children. In this category we could include short training sessions for non-professionals to work in local areas where professional personnel is in short supply.

Whatever the level of training, it is important that all those concerned with the education of the handicapped, in the widest sense, should have knowledge and understanding of "normal" development and have an opportunity to familiarize themselves with regular teaching theory and practice.

When training special teachers, it is important to cover as wide a spectrum as possible, since in many developing countries the special teacher will be a multi-disciplinary team on his own. Besides information on special teaching, they need background knowledge of preventive work, of detection and assessment procedures, of medical treatment and psychiatry, since very often the teacher will be working in an area where he or she has no specialist to turn to for help and advice.

In some areas there may be a need for itinerant (peripatetic) teachers or instructors, to serve in places where the scarcity of educational facilities limits possibilities of integration into ordinary schools. The task of such special teachers would differ greatly from traditional concepts of this profession, and again broader-based and more comprehensive training programmes for these expert teachers are strongly recommended.

In many developing countries it is important that teachers be trained to make their own teaching materials, using whatever resources are available to them where they work. It must not be forgotten that it is the quality of the teaching that is important, not the sophistication of the materials.

It may be possible to organize regional training centres for countries speaking the same language or having similar cultural backgrounds, where special teachers are trained to a high level, possibly with a view to becoming leaders of special training and programmes for the handicapped in their respective countries, or to enable them to train other special teachers who have a lower level of training. When preparing teacher trainers at this level it is important to impress upon them that their main objective will be to "make themselves redundant".

Individual countries need their own training centres, offering an education closely geared to that country's special needs. In addition, these centres should offer short courses for personnel to fill specific educational needs, organize mobile courses to go into specific areas, and provide advice and training for social workers or non-professionals to go into homes to work with the families of handicapped children.

It should be remembered that a high level of training is not always necessary or desirable, and that the vast majority of personnel come from the middle and lower levels of training. There is also considerable scope for the use of less highly trained aids, members of the local community, older children can also be taught to help the handicapped children in their schools and to use special equipment.

The meeting stressed the continuing need to develop in-service training for those already working in the field, and to enrich the training programme of regular teachers to include information on special education.

In the discussion about special training, mention was made of the high attrition rate among special teachers, and the following possible causes were put forward for consideration.

Special teachers, whether working on their own in remote areas, or in regular schools, often suffer from feelings of isolation; this is sometimes caused by the attitude of regular teachers, who may resent their presence in a school, whether because they receive additional pay or because the regular teachers are not happy at having to accept handicapped children into their classes for part of the time; they may suspect an attitude of superiority on the part of the special teacher. A warning was given about the dangers of treating the special teacher as someone apart, having superior knowledge and skills, thus creating an élite.

Special teachers need constant support, not only against feelings of isolation, but also because their work is particularly demanding; whenever possible regular opportunities, for instance on a weekly basis, should be provided for them to meet together to discuss problems and exchange ideas.

The question of teacher incentives as a whole was discussed, and the meeting felt there was a need to consider the career structure of teachers in both special and regular education, since there is a fairly high drop-out rate in both.

5. Integration of handicapped children and young adults into regular educational structures and active life

Integration of the handicapped into the normal educational system is an increasingly common practice. Short- and long-term study shows that achievement among handicapped people who are educated in a specialized setting is no greater than that of those educated in regular classes. The special class or school tends from the outset to take a pessimistic view of the pupils' potential, which undermines their chances since they are inclined to conform to this pessimistic

image. The segregation of handicapped children in special schools tends to build up prejudice amongst other children and to create psychological barriers against them when they come to seek work. Segregation often places over-emphasis on "academic productivity" rather than be concerned for improvement in the quality of life for all. In general, then, lack of contact, lack of information and consequent fear of the unknown can and do result from our isolating handicapped people, and segregated education perpetuates discrimination and aversive attitudes.

We need to change public opinion and encourage acknowledgement of the principle that handicapped people have the same basic right to work as all members of society, and therefore the same right to be educated; in order that their eventual integration into the world of work should be as complete as possible, their integration into the world of education needs to be begun as early as possible. Their education should take place in the "least restrictive environment".

We need to stress the positive advantages of integration: there is less need for costly special building and additional highly specialized staff; in developing countries, educational facilities are extended to more children; a handicapped child adapts more easily to living in ordinary society the earlier he or she begins to do so; the non-handicapped grow up with the handicapped and learn to accept them and their disabilities from the beginning.

It must be borne in mind that integration is not the answer to every problem, and it does not mean the mere physical placement of handicapped children in ordinary schools. It requires very careful planning and preparation of teachers, and the development of support services. A number of countries have now supported integration by legislation, and it has been pointed out that unless pilot projects in integration are backed up by legislation, they will tend to disintegrate once those responsible for initiating them are there.

We must always ensure that integration is in the best interests of the child. For this reason the needs of each individual child have to be considered, and decisions made as to what type of educational provision, given the options available, will best suit him or her.

Furthermore, in view of the discrepancies in types and degrees of handicaps as well as the diversity of conditions in different countries, there is need for a variety of appropriate educational provision for handicapped children; some may need special schools, others separate programmes for part of the day or for certain periods of their lives, while other children could profit from a regular classroom with some extra periods of instruction or help. Countries must study what is best suited to their conditions and develop their strategies accordingly.

If the scope of integration is to be extended, a number of practical considerations need careful study: regulations concerning age-limits for admission and promotion; school buildings for accessibility, safety, classroom visibility, acoustics, etc.; group and individual technical equipment; teaching methods; means of providing information for families; lastly, and most important, the initial and in-service training of teachers who may have to accept handicapped children into their classes and the development of support services.

Moreover, the acceptance of the principle of integration may well lead to reappraisal of the overall objectives of the educational system and of the way it operates; traditional assumptions will be challenged, and the inevitable opening up of the school system may bring about an approach which is more specifically aimed at improving the quality of life for every member of society.

Vocational education and training

The right to vocational education and training is bound up with the right to work and to be educated. Handicapped people need sound occupational guidance which takes into account the person's interests, motivations and abilities, as well as conditions on the labour market, and which dissipates preconceived ideas about the types of work which a handicapped person can do. Special education and vocational training are complementary to each other, and here we may stress the importance of developing social skills; social barriers are often one of the main obstacles to integration in the educational system and in the world of work, and the social component of all education must not be neglected. It is often necessary to break down prejudice among members of society, employers and fellow workers, who are afraid to accept people with disabilities. There will be far less prejudice if the handicapped have been educated together with non-handicapped children.

Trial periods in real working situations can be very helpful, or visits to several different places of work; in some countries there are schemes where handicapped people are assigned foster workers to initiate them into work skills. It has been found that sheltered workshops are not always the most suitable places for handicapped people to receive vocational training; better results are often obtained by training in real situations among non-handicapped fellow workers.

6. Adapted special education

There was considerable discussion on the problems of developing countries where economic and social conditions make the provision of special education such as has been considered here particularly difficult; in some countries the principle of universal education is not yet fully accepted, or not yet built into the legislative system; in certain areas this principle may be accepted, but not yet put into practice for economic and administrative reasons.

It was stressed that developing countries need to have confidence in their own initiatives and not to feel their efforts must necessarily follow the patterns set by highly developed countries, nor that there is little they can do without outside help and expertise. This results in a loss of creativity and dynamism which can only make problems worse. People should be encouraged to take an interest in their own welfare, find their own solutions and make their own decisions. Special education must be adapted by the countries concerned to the conditions existing in those countries.

The following priority areas were suggested for any country wanting to introduce or extend special education:

public education in prevention of handicap and in general attitudes towards those with disabilities;

the preparation of health personnel to provide prevention and detection services;

parental involvement;

the broadening of regular teacher-training programmes to better serve students with special needs and to facilitate their integration into regular schools;

the creation of job opportunities for the handicapped.

It is important that special education be "de-mystified"; people should be helped to solve their own problems, and to break out of the "dependency syndrome", the phenomenon whereby the more people depend on others for help, the less they are able to break out of that dependency and help themselves. A problem-solving approach is a logical one; at the moment, most initiatives come from the voluntary agencies, but it is most important that official government support be sought as early as possible. Educational authorities should set guidelines for including the needs of the handicapped into the educational structures.

Mention must be made of a word of warning which was given by some members on the subject of comprehensive government surveys designed to assess the need for special education services in any country or area. The following disadvantages of such surveys were pointed out:

1. they are extremely expensive and funds could be better applied to providing immediate action;
2. in developing countries the pattern of handicap often changes rapidly;
3. they tend to create demands which cannot be met and are therefore unkind to parents;
4. they carry with them the danger of labelling and stigmatizing handicapped children.

Considerable thought was given to providing concrete suggestions for ways in which modern practice could be adapted so as to be within the realm of the possible for areas with severe economic and social problems; it was suggested that experience in four such areas could be described for use as possible examples for other countries with similar difficulties.

The Jamaican experience

The first of these models is Jamaica, where over a period of nine years the programme for the mentally retarded under the Jamaican Association for the Mentally Handicapped Child has increased from there being one special school with 70 places, to the provision of over 800 places in a number of special and regular schools, all paid for by the government, although the parents may contribute to transport costs. The following outline shows how the scheme was developed.

First of all an assessment committee was formed, which set up weekly clinics run by two doctors, to whom were later added a special educator (who later became responsible for running the service) and two or three para-professionals to administer screening tests. Regular schools began asking the Association for help with children who had problems, and much data was collected and analysed to provide a basis for assessment of the problem and planning.

Any school who asked for help agreed to find space for a unit class in return for evaluation visits and advice from the team; a teacher to run the unit class was recruited by the school board, the teacher's salary being paid by the Ministry of Education. A local group which included parents, the school principal and local health staff, was formed to provide community support for the class and to ensure it was properly equipped and backed. Other children suitable for the class are identified from the records and waiting lists already established by the Assessment Service. The programme has always had financial backing by the Ministry of Education providing sufficient planning and budgetary projections are done.

The new unit classes have usually been accommodated in existing school space. Sometimes local service clubs have constructed classrooms, and some separate schools established in existing community buildings, such as church, hall or private house.

Teachers have mainly been recruited from among regular teachers, a few having received training abroad in special education. School leavers, recruited by the Jamaica Youth Corps, have been used as teachers' aids and screening technicians. United States Peace Corps volunteers, trained in special education, speech therapy, physical education, vocational training, etc., have been used in supervisory and training capacities.

Materials are mostly made by teachers themselves; curriculum and methods have been developed by the principal and staff of the school, with help from outside consultants. Teacher training has been based on modular in-service training, with monthly full-day sessions conducted by a teacher trainer travelling throughout the island, and many staff have attended short-term courses and workshops.

Commenting on this scheme, the following points were made:

expansion and development can take place at a varying pace; this can be speeded up by increasing community awareness, but careful planning is always necessary so that demand does not outstrip resources;

the most severe degrees of handicap, for some of whom residential care is needed, are not yet fully catered for. The scheme needs to be broadened to include an effective home-based training programme using parents;

this approach is less expensive, since costly new buildings are not called for; also, teachers are all at the same level, avoiding the possible dangers of creating an "élite";

all types of workers are used, from aides with a minimum of training to university-level personnel (only 10 to 15 per cent) as supervisors and teacher trainers.

The Philippines experience

In the Philippines a scheme was started in 1964 for providing special education for the blind, at first using voluntary agencies, but it was quickly realized that their personnel and resources needed government backing. So the Bureau of Public Education developed a scheme for screening and surveying handicapped children, at first for impaired vision, but later for other types of handicap. A student teacher is instructed in surveying and screening methods, which he carries out in his own home area for a period of two weeks as part of his training; the information he obtains is used in devising special education programmes for the following year. Follow-up field work is done in the area before services are provided. The success of the method depends largely on the initiative and resourcefulness of the student teacher, and he needs to be well prepared for his task.

The type of special education services provided as a result of these studies varies from place to place, and includes:

a resource programme, where a child takes part in regular classes but receives help from a specialized teacher;

a special class held in a separate classroom;

a regional special education centre. This has proved the most useful and adaptable type: it aims to include integrated classes for all types of handicap within the compound of one regular school, thus serving the handicapped children of several school districts. The mildly handicapped leave the centre to attend regular classes, while the most severely handicapped do most of their learning in the centre while also taking part in some activities with non-handicapped pupils if at all possible. The centre also serves as a resource centre for special facilities, equipment and back-up services, including resource teachers. These centres have the advantage of making maximum use of existing educational infrastructures and services, and are able to provide vocational training and education in daily living, as well as such things as athletics, music and mobility training for the handicapped which often cannot be provided by regular classes.

The Malawi experience

Experience in Malawi, East Africa, could provide an example very suitable for rural regions in Africa and Asia. Although what is described here applies to blind children, it could be extended to provide for other types of handicap.

All blind children from a small region are placed in a "resource centre" attached to a government school for normal children. After an introductory period of learning Braille and making use of simple teaching aids, the children attend normal classes. After school they return to their centre, where two or three specially trained teachers are available to help with homework, transcribing textbooks, etc. These teachers have been trained to make simple teaching aids, and the children, since they come from nearby villages, go home at week-ends and often in the evening. Parents and friends are frequent visitors to the centre, and there is a constant teacher-parent dialogue. After five to seven years of schooling, the children go back to their villages, where they usually become engaged in agricultural work. Itinerant instructors help by teaching them special skills, and most of these young people end by becoming fully independent members of their community.

The Algerian experience

In 1970 a "community co-operation" association in an area of Algiers opened a small multi-purpose day centre providing remedial classes, a kindergarten and specialized classes, at first for mentally retarded children, but later extended to include all types of handicap. It included a dispensary and maternity and child welfare centre on the same premises. The parents who opened the centre were given specialist help, and other staffing was provided by local people trained on the job. The premises used were very modest and did not entail high installation and running costs. The local authorities soon became interested and offered financial help to extend the scheme to provide other centres for mentally retarded children, since this was seen as the priority area at the time.

An association was set up by parents and a group of specialists in various fields concerned with young people. This has as its aim the development of a network of local centres, the association being responsible for organization and management, while finance is provided by the local authority. These local day centres are reserved for children with moderate or severe retardation as well as for children with multiple handicaps. The teaching staff are local people, trained on the job according to a precise curriculum, and they also attend workshops for further training in specialized techniques. They have the help of clinical psychologists provided by the Ministry of Health, who administer assessment and diagnosis tests, and provide follow-up advice on the children, assist with training and give help and advice for parents and family.

The following factors seem to have been crucial in making possible this experiment:

close collaboration between parents of handicapped children and children's specialists;

the value of a pilot experiment, however modest, on which a type pattern can be based;

the taking of local circumstances into account: given the shortage of specialists, the only quick solution was a non-medical one; the educational staff on the spot were given multi-purpose training;

the use of specialist leadership and supervision from a team within the association, but outside the centre, which encouraged individual initiative while helping to prevent a slackening off of enthusiasm for the work.

As with the other three experiences already described, these neighbourhood centres are based in the community and make use of available local resources in premises and manpower, backed by official financing and specialist help and guidance.

For the percentage mentioned please refer to the following documentation:

1. United Nations Publication ST/ESA/65, Sales No. E.77.IV.11, page v:
"At least 10 per cent of the population of any country suffers from some form of mental or physical disability,...".
2. United Nations Development Programme: Technical advisory note (G3400-1) of 30 April 1978, paragraph 1.1:
"Approximately 10 per cent of any population suffers physical, sensorial or mental impairment requiring special assistance if their abilities to achieve maximum participation in their communities are to be realized".
3. World Health Organization document PRO-29 of 6 June 1978, Annex I, paragraph I:1:
"At least 10 per cent of all children are born with or acquire physical or mental impairments of sufficient degree to need special help in order to carry out the basic activities of daily living".
4. Rehabilitation International: Final Report of International Rehabilitation Services Development Project 22-P-55058/2-03, 1970-1972, page 8:
"At least 10 to 15 per cent of the population of any country is significantly physically or mentally handicapped".
5. United States Department of Health, Education and Welfare. Office of Education:
5.1 "In 1966, Dr. Romaine Mackie established 10 per cent as an estimate of the prevalence of handicaps in the school-age population. This figure was generated by examining several sources for each handicap. Rates were derived for each condition and the total came to 10 per cent. Learning disabled, however, was not one of the handicaps considered at that time. The prevalence of learning disabilities is generally considered to be approximately 2 per cent, hence the total rate of 12 per cent".

- 5.2 A report to Congress on the Implementation of U.S. Public Law 94-142: The Education for all Handicapped Children Act, January 1979, page 1:
"Previous estimates of the prevalence of handicapped children indicated that approximately 12 per cent of the school-aged population were handicapped".
- 5.3 Semi-annual Up-date on the Implementation of U.S. Public Law 94-142: The Education for All Handicapped Children Act, August 1979, page 2:
"During the past year, the number of states serving more than 9 per cent of their school enrolment as handicapped has increased from 15 to 26 per cent.
6. M. Rutter, J. Tizzard and K. Whitmore (eds.). Education, health and behaviour (1970) London, Longman, Chapter 22, pp. 347-357. "The epidemiology of handicap: summary of findings". The Isle of Wight survey. Among 2,199 children aged 9 to 11 years, 354 had some form of handicap. Thus considering the four principal types of handicap studied, 161 children in every 1,000, or approximately one child in every six were found to have a chronic or recurrent handicap.

PART II

Orientations and suggestions

This report is aimed at advising Unesco on its immediate and future medium-term programme in special education.

A number of substantial suggestions have emanated from the discussions. Specific suggestions directly related to Unesco action have been formulated. Some more general orientations, however, made in the context of present thinking and current trends, have also been put forward. The meeting considered that the orientations for general consideration, while setting forth the conceptual framework for Unesco's programme in special education, also provide suggestions and useful pointers to Member States which are in the process of planning or modifying their policies and educational structures to meet the needs of handicapped persons. It is for this reason that the meeting's suggestions are grouped in this way.

1. Orientations for general consideration

1.1 Policy, planning and structures

The meeting urged that Unesco should reflect the following orientations in assisting and advising Member States:

1. All Member States should adopt as a matter of law or policy a recognition of the rights of disabled persons to an education and to full participation in society. This policy will lead to specific actions in education, employment, access to buildings, and so on.
2. Member States should adopt policies placing responsibility for education of disabled children in the education ministries and that compulsory education laws be adopted by all States.

When a new mandatory law is introduced on compulsory education, this should include children with all ranges of disabilities, including the most severely handicapped. Where compulsory laws exist, the Ministry of Education should not disclaim the responsibility for certain categories of handicapped children. Experience has demonstrated that special education programmes enrich the education offerings for all children.

3. Member States should be advised on the development of legislation to ensure that the needs of disabled persons are met. These actions should include the participation of legislators and appropriate governmental policy-makers as well as disabled persons and their representatives, parents and specialists.

Legislation should be specific and precise to enable the access of disabled children to ordinary schools and should ensure the necessary resources, personnel, support services and organization.

4. Member States should be advised on the need for increased flexibility in the application of regulations concerning admission age and promotion of children from class to class, as well as in the taking of examinations with respect to handicapped students.

5. Member States should ensure that all aids which can help to overcome or to lower the consequences of handicap be exempted from customs duties and taxes. As far as possible individual technical aids should be made available free of charge to those individuals who need them.

1.2 Early detection, assessment and intervention

Early detection, assessment and intervention are indispensable prerequisites for successful integration of many handicapped children into regular schools, and can also enhance the developmental potential of many severely handicapped children, helping to prevent unwanted secondary problems.

1. The meeting strongly recommends that the necessary measures required be developed by close co-operation between experts from different specialities, such as medical, education, and must include parents. The best results will ensue if early education is mediated by the parents in the child's home. In appropriate cases it should also be part of the daily programme in day care and residential facilities.
2. Screening procedures through specific screening measures should be developed and carried out wherever possible for different impairments (such as at risk registers, screening for hearing, vision and psycho-motor development) and by different kinds of personnel.

Early education is contingent on early identification. The meeting recommends, however, that deliberate efforts to detect problems should not be made unless intervention can follow. Right from the time of diagnosis, the family should be given support and guidance. In this respect, other parents can be of greatest assistance.

Children identified as having special problems need to be assessed as to cause, type and severity of impairment.

This assessment should be followed by a programme of intervention which may be educational or therapeutic according to the problem. Since levels of development in countries vary considerably from one region to another, the degree of specialization of this assessment will vary also.

3. Intervention should be developmental and educational in nature and should be carried out by a team approach of the most qualified available workers and the family members.
4. Very young children with handicaps should not be isolated from normal children. In a situation where day care is needed and available, children with handicaps should be included in such normal programmes. Special attention if available and/or required can be given in these programmes. Normal peer contact on an informal basis should be encouraged as much as possible.
5. Training courses providing the necessary knowledge and skills should be developed as a matter of priority. Such courses could be developed in regional resource centres.

Detection of deviations from normal development requires that all persons, especially parents, connected with the upbringing and care of babies and young children are familiar with the normal pattern of development, the signs of deviation from normal and what to do and where to go if these are observed.

6. All approaches for the dissemination of such information should be utilized including the mass media, dissemination of printed material and training of health and other personnel dealing with young children. In a similar fashion, school curricula should also include material on child development and child-rearing techniques.

1.3 Training of personnel

Personnel here refers not only to teachers, but to all those who are working with handicapped persons of all ages. This category also includes administrators and policy-makers. It is important to underline that the following recommendations are concerned not only with personnel who are working with pupils of school age but also with all those who are involved in the delivery of all other services for handicapped persons, including pre-school, further education, vocational education and training, and employment preparation.

1. A "special education element" should be included or further developed in the general curriculum of teacher preparation for regular schools.
2. All students including those intending to work with pre-school and post-school pupils should be given sufficient information to enable them to recognize children with delays and disorders of development, to become aware of all sources of help for such children, and to have at least some direct exposure to current teaching methods used in special education.
3. A similar special education element should also be made available to all regular serving teachers as part of any in-service training arrangements made available locally.
4. Institutions responsible for personnel training should be helped to develop courses for staff working primarily with handicapped persons of all ages. Such courses should stress elements common to all handicaps, but should also allow for specializations concerned with specific handicaps and areas of need. Courses should range in duration from one or two weeks to more advanced courses leading to advanced diplomas and higher level qualifications.
5. Staff training should as far as possible take place in the setting in which they work - e.g. in schools, sheltered workshops, etc., but periods of study to attain high qualifications abroad should be encouraged wherever this would meet the needs both of the teacher and of the service.
6. The principle of modular training should be adapted to provide as complete a curriculum as possible in respect of both knowledge and skills. Such modular courses should allow a teacher to accumulate credits towards a recognized qualification in special education or rehabilitation and should be given full accreditation.
7. Joint training of interdisciplinary groups, such as teachers, doctors, therapists, etc., is to be encouraged.
8. As a matter of high priority, we recommend the establishment of regional resource centres concerned with the development of programmes for handicapped people. The functions of such a centre would include:
 - (i) provision of specialized teachers to act as resource persons for regular and special programmes;

(ii) provision of training, especially short term, on-the-job courses in core and specialized subjects for all types of rehabilitation and special education workers, parents and volunteers;

(iii) the development of materials and packages suitable for the area.

9. All teachers should have access to local special education resource centres containing curriculum materials and methods which can be adapted to meet the needs of handicapped children.

2. Guiding principles for Unesco action

2.1 Strengthening of financial and administrative resources

1. The meeting strongly urged that Unesco, in planning its Programme and Budget for the triennium 1981-1983, should see that a proportional relationship between the funds for special education and that of education as a whole be established. This is justified by the fact that no less than 10 per cent of the world's children require special education services. However, statistics show that in many countries there are less than one per cent of the total disabled children who receive educational services even in countries where nearly all children receive education.

All possible ways such as funds-in-trust arrangements, co-operative action programme, etc., should be sought in order to increase Unesco's financial resources for special education activities.

In accordance with resolution 103, however, the most important source of finance should be a substantially increased proportion of the regular budget. The Director-General, taking into account the 10 per cent of the population involved, should begin in the earliest budget to move toward this end. Growth in the magnitude of four to fivefold is necessary immediately.

2. Unesco should improve its present practices by including concern for the handicapped in all of its activities, policy, planning, personnel training, programming for illiteracy, for displaced persons, etc. At present Unesco efforts, while highly beneficial and well regarded by Member States are essentially limited to one specialized section.
3. Unesco should work more closely with other agencies - WHO, ILO, Unicef, OECD - which have long-established programmes for handicapped persons, so that education can be seen in its proper relationship to the lifelong needs of disabled persons for education, employment, health and social services.
4. Each Unesco Regional Office should have an officer in special education who could act as a catalyst and co-ordinator at a regional level.
5. Unesco should expand its consultative services to Member States to collaborate in the development of local services.
6. Unesco should encourage and assist member countries at similar levels of development to co-operate in comprehensive programme planning, rehabilitation and special education.

2.2 Prevention, early detection, assessment and intervention

In many parts of the world much handicap results from preventable diseases which are prevalent in particular areas. While primary prevention is a WHO field of activity, there is no question that concerted action with WHO for secondary and tertiary prevention is very much needed. Many learning and adjustment difficulties can be prevented and/or significantly reduced by early intervention and special educational methods.

1. The meeting suggests that Unesco co-ordinate its efforts with WHO on matters concerning policies and issues related to the delivery of services for children in the age group 0 to 6 years.
2. Unesco, in collaboration with WHO and through its other educational programmes and divisions, should disseminate practical information and measures on the prevention of such diseases and conditions to public information services and in school curricula.
3. Unesco should identify and make available the most cost effective screening measures to member countries desiring them.

2.3 Personnel training

1. In co-ordination with other international agencies, Unesco should plan and support short, highly structured training missions to developing countries consisting of teams of three or four specialists who will work at first hand with staff of local services. In these developing countries where insufficient members of staff are gathered together on one site, multidisciplinary training missions could work with groups of parents, or with those concerned with the training of staff. The task of such missions is to help local people to create and adapt educational rehabilitative methods to local needs. Such training missions are most effective if they are organized on a "pyramid" basis so that those being trained are then capable of becoming trainers.

Visiting teams will need to familiarize themselves with local conditions and problems and for this purpose will require detailed pre-visit briefing by local representatives in association with Unesco regional officers. Visiting teams should be recruited, as far as possible, from other developing countries. The meeting underlined the importance of Unesco undertaking special initiatives to encourage such training-team missions, particularly in the context of the International Year for Disabled Persons.

2. The meeting urges that Unesco take active steps to bring several resource centres into being in different developing countries and also encourage their expansion to neighbouring countries in the same region. For this purpose it will be necessary to appoint the special education officer in each of the Regional Unesco Offices who will facilitate the establishment and development of such centres.

The functions of such a centre would include:

- (i) the provision of specialized teachers to act as resource persons for regular and special programmes;
- (ii) provision of training, especially short, on-the-job courses in core and specialized subjects for all types of rehabilitation and special education workers, parents and volunteers;
- (iii) the development of materials and packages suitable for the area.

3. Unesco should attempt to identify normal teacher-training curricula in which questions concerned with the needs of handicapped children are being incorporated into teacher-training programmes both at the pre-service and at the in-service level.
4. Unesco should collect information on existing curricula for staff training, with particular reference to developing countries and disseminate such guidelines to countries who request this. Unesco programmes for literacy should pay attention to the need of adult handicapped persons.
5. The content of training must be concerned with the adaptation of special education, vocational training and rehabilitative techniques to the local needs but should be broadly concerned with ways in which the skills and abilities of handicapped persons can be most effectively developed.
6. Unesco should consider the development of a series of slide-tape presentations illustrating specific educational training and rehabilitative techniques and make this available on a wide scale to staff in their own languages.

2.4 Promotion of awareness and dissemination of information

1. Unesco should develop a resource library the function of which would be:
 - (a) gathering and disseminating published curriculum materials in areas of special education and rehabilitation, including examples of teacher-training programmes and innovative curricula;
 - (b) dissemination of information on relevant innovations and good practice should be summarized by Unesco in the form of brief information leaflets and disseminated on a large scale to personnel working in services and to planners and policy-makers.
2. Unesco should identify and disseminate information about models of effective services to children in difficult-to-serve areas, developing nations, etc., and should select models with exemplary or innovative characteristics that might be useful in overcoming the serious problems facing many nations in supplying special education to their children. Such information should be summarized by Unesco in the form of brief information leaflets and disseminated on a large scale to personnel working in services and to planners and policy-makers.
3. Unesco should conduct a seminar and develop other education programmes on the subject of effectively implementing special education programmes in regular education settings. The collection of best practices currently in use can be the basis for such a programme.
4. Unesco should conduct activities designed to involve the mass media in understanding and reporting on the disabled such as convening groups, providing special journalistic fellowships and other strategies. Co-operation between Unesco's public affairs and special education groups is advised.
5. Unesco should continue its work on terminology by developing a more detailed glossary of the use of terminology in different countries. It should also assist similar projects in the regions.
6. Unesco should consider a variety of means to disseminate information on research in special education that is already available: (a) to research workers and college and university teachers; and (b) to professionals working in the field.

7. In a number of Member States matters concerning education of the handicapped are not yet placed under the Ministry of Education. Therefore, Unesco should attempt to strengthen its contacts and work with the appropriate body concerned.
8. Unesco should collaborate with other international agencies in organizing seminars on comprehensive programme planning at national and regional levels.
9. Unesco should assure the increased involvement of disabled persons themselves in its programmes throughout the Secretariat.

As an overall perspective for the suggestions made, four major priority areas have been identified:

1. regional advisers;
2. training of personnel (including parents);
3. resource libraries and information dissemination;
4. prevention and early intervention activities.

2.5 International Year of Disabled Persons (IYDP) - 1981

1. Unesco should accelerate implementation of the aforementioned recommendations as part of a special, visible effort for the IYDP.
2. Unesco should exploit the public relations value of the IYDP by developing suggestions for public information programmes designed to facilitate adults accepting the handicapped which can be used by Member States.
3. Unesco should develop a special plan from each of its components detailing the activities each part will undertake for IYDP with particular attention to those that will be of direct concrete benefit to handicapped persons.
4. Among the activities designed to break down technical and attitudinal barriers to integration of handicapped children into regular schools we would suggest the following:

that Unesco conduct a regional workshop to design changes in curricula of the teacher-training institutions and content of short courses to prepare teachers for integration (this would be attended by persons representing teacher-training institutions, ministries of education regular schools and advised by parents and special education people); and encourage Member States to:

- (i) conduct short courses of one to two weeks' duration for teachers already in school;
- (ii) develop school broadcasting and telecasting programmes on aspects of handicap directed at schoolchildren;
- (iii) provide technical input to develop "readers" and reading material on aspects of handicap for primary schools;
- (iv) establish a competition, e.g. essay and/or art on some aspects of handicap;
- (v) follow up procedures to ensure that teacher-training colleges utilize local and regional resource people or provide persons to carry out courses.

ANNEX 1

QUESTIONNAIRE FOR EXPERT MEETING ON SPECIAL EDUCATION - 15-20 October 1979

Introduction

In resolution 20 C/103, the General Conference recommended that the Director-General formulate "a comprehensive, long-range programme of action designed to enhance the rights of all handicapped persons to an appropriate education" and that he use this comprehensive programme "as one of the bases for formulation of appropriate programme actions to be undertaken in the Draft Programme and Budget 1981-1983 (21 C/5)". The General Conference also recommended "that substantially increased financial resources be provided to launch this more comprehensive programme for handicapped children and young people in the triennium 1981-1983", thereby viewing the programme under 21 C/5 as the initial stage, concentrating on children and youth, in a long-term programme concerned with the rights of handicapped persons of all ages to education. The question now arises as to whether the 21 C/5 programme should cover a wide range of handicaps or, at this early stage, concentrate on selected forms. In this connection, the availability of funds must be borne in mind. Even if "substantially increased financial resources" are provided for this purpose, they will never be able to meet more than a fraction of the needs, and the question which arises amounts to one of breadth or concentration of the programme.

At the same time some guidance is desirable on the types of activities in which the Organization might engage.

Suggestions for a future programme of Unesco in the field of special education (1981-1990)

Please indicate your views on the scope and nature which the special education programme should take and the relative importance which should be given to certain areas of activities. These are classified as follows:-

1. Promotion of awareness of the needs and stimulation of national and international action

What type of activities should Unesco undertake to realize this objective better - a crucial one both for developed and developing countries?

2. Promotion of consultation and co-ordination among organizations and institutions active in this field

What rôle should Unesco assume in enhancing such exchange and co-ordination?

3. Normative Action

Measures to ensure the practical implementation of educational laws to enhance the rights of handicapped children and young people. Scope of compulsory education - does it include all groups and all ranges of disability? Levels and standards for the training of teachers of the handicapped? Allocation of resources to special education? Other?

4. Studies and research

Please refer to Unesco Working Document, ED/79/CONF.606/2, page 6.
Do you think the future programme should continue to carry out studies in the field of special education? If so, please specify areas of interest and need.

5. Consultative Services to Member States

Please refer to Unesco Working Document, ED/79/CONF.606/2, page 7.
What ways and means should Unesco pursue to further develop its consultative services to Member States with the hope of having a stronger impact on future action?

6. Training

A main key to the improvement of the situation of the handicapped lies in the investment in the training of human resources.

What form should Unesco's involvement in the area of training take?

Who should be trained? By whom? When? Level and duration of training? Generic and special? Standards to be applied? Other?

Further to the afore-mentioned questions, what rôle and place do you foresee in this programme for the following areas of concern:

- early detection, assessment and intervention;
- parents' involvement (from the early start, in decision making, in training....);
- integration of handicapped children and youth into the regular educational structures and active life;
- simplified special education (which could be within the reach of a fast-growing number of developing Member States - less expensive models, serving the largest number possible of handicapped people in both urban and rural communities).

ANNEX 2

List of papers presented

- ED/79/CONF.606/4 - Early Detection, Assessment and Intervention
by Professor Armin Löwe (Federal Republic of Germany)
- ED/79/CONF.606/5 - Parents as Partners in the Education of their
Handicapped Child
by Dr. Peter J. Owsley (Canada)
- ED/79/CONF.606/6 - Training of Personnel
by Dr. Kurt Kristensen (Denmark)
- ED/79/CONF.606/7 - Parents as Partners in the Education of their
Handicapped Children
by Professor Peter Mittler (United Kingdom)
- ED/79/CONF.606/8 - Special Education as an Integral part of the
Rehabilitation Process
by Professor Dr. Aleksander Hulek (Poland)
- ED/79/CONF.606/9 - Simplified Special Education: Working Models for Africa
by George Ondieki (Kenya)
- ED/79/CONF.606/10 - Public Attitudes and Integration of the Handicapped
by Dr. Edwin W. Martin (U.S.A.)
- ED/79/CONF.606/11 - Early Detection, Assessment and Intervention
by Sarah Couto Cesar (Brazil)
- ED/79/CONF.606/12 - Integration of the Handicapped into the Regular
Educational Structures and Active Life
by Wadad Lahoud (Lebanon)
- ED/79/CONF.606/13 - Training of Teachers for the Handicapped
by Professor Klaus-Peter Becker (German Democratic Republic)

- ED/79/CONF.606/14 - An Algerian Experiment in Semi-private Initiative
in the field of psycho-pedagogical help for mentally
retarded children and adolescents
by Mrs. A. Yaker (Algeria)
- ED/79/CONF.606/15 - Some Thoughts on the Integration of the Handicapped into
Regular Educational Structures and Active Life
by M.A. Labregère (France)
- ED/79/CONF.606/16 - Simplified Special Education - Working Model for the
Caribbean Area
by Dr. Marigold J. Thorburn, M.D. (Jamaica)
- ED/79/CONF.606/17 - The Integration of the Handicapped into Regular
Educational Structures and Active Life
by M. I. Konaté (Republic of Mali)
- ED/79/CONF.606/18 - Integration of the Handicapped into the Educational
and Social Structure
by Professor V.I. Lubovski (USSR)
- ED/79/CONF.606/17 - Simplified Special Education
by Dolores M. Pascual (Philippines)

ANNEX / ANNEXE 3

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ANNEX/ANNEXE 5

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Mr. N-I. Sundberg	Head, Special Education Unit
Miss L. Saleh	Special Education Unit
Mr. F. Potter	Office of Public Information

List of United Nations and Unesco documentation

The meeting worked on the programme keeping in mind the documents related to special education and rehabilitation elaborated in the past by the United Nations and its Specialized Agencies and also international organizations interested in rehabilitation and special education.

I. UNITED NATIONS DOCUMENTATION

Barrier Free Design. Report of a United Nations Expert Group Meeting, United Nations, New York, 1974.

Rehabilitation for the Disabled. The Social and Economic Implications of Investments for this Purpose, United Nations, New York, 1977. ST/ESA/65.

Social Barriers to the Integration of Disabled Persons into Community Life. Report of an Expert Group Meeting, Geneva, 1976, United Nations, 1977. ST/ESA/62.

Recent Trends in Legislation concerning Rehabilitation Services for Disabled Persons in Selected Countries, United Nations, New York, 1978. ST/ESA/73

Comparative Study on Legislation, Organization and Administration of Rehabilitation Services for the Disabled, United Nations, New York, 1976. ST/ESA/28.

Planning, Organization and Administration of National Rehabilitation Programmes for the Disabled in Developing Countries, United Nations, New York, 1972. ST/SOA/115.

II. SOME UNESCO DOCUMENTATION ON SPECIAL EDUCATION

Expert Meeting on Special Education, Unesco, Paris, 5-7 December 1968, Report of the Meeting, Unesco, 1969 (ED/SPECED/2), 8 pp.

Recommendations regarding the broad outlines of a long-term Unesco special education programme.

Study of the Legislation concerning the Special Education of Handicapped Children and Young People, Paris, 1969 (ED/MD/8), 74 pp.

The study is based on the replies of 30 countries to a questionnaire prepared by the Unesco Secretariat.

Study of the Present Situation of Special Education, Paris, 1970, 1971 (ED/MD/16), 168 pp.

This comparative study provides data collected from 38 countries concerning various aspects of special education.

Education for Handicapped Children? Unesco, 1970 (ED-69/D.48/A), 80 pp.

An illustrated booklet, designed to help the reader to understand the situation of the handicapped child better.

The Present Situation and Trends of Research in the Field of Special Education, Unesco, 1973 (ISBN 92-3-101106-5), 306 pp.

The book contains four studies: Sweden and other Scandinavian countries; Union of Soviet Socialist Republics; United States of America; and Uruguay; with an introduction and a summarizing chapter.

Case Studies in Special Education, Unesco, 1974 (ISBN 92-3-101145-6), 195 pp.

Containing four studies: Cuba, Japan, Kenya and Sweden, with an introduction and a summarizing chapter.

Special Education Statistics, Unesco, 1974 (CSR-E-8), 128 pp.

Provides statistical data on special education in 123 countries.

Expert Meeting on Education of the Deaf, Unesco, Paris, 30 September-4 October 1974. Report of the Meeting, Unesco, 1974 (ED-74/CONF.645/17).

Recommendations on curricula and methods, training of teachers, language development and communication, detection of deaf children and guidance of their parents and integration of the deaf into school and society.

Sport for the Physically Handicapped, Unesco, 1976 (ISBN 92-3-101379-3), 53 pp.

The booklet will facilitate the adjustment process for the physically handicapped.

Integration of Technical and Vocational Education into Special Education, Unesco, 1977 (ISBN 92-3-101438-2), 220 pp.

Containing four studies: Austria, Colombia, Iran and Tunisia, with an introduction and a summarizing chapter.

International Round Table on the Theme "How the Handicapped are Presented to the General Public", Unesco, Paris, 1 June 1977. Final Report, Unesco, 1977 (OPI-77/WS/10), 18 pp.

Summary of a day of reflection in which 11 countries participated.

Annex to Final Report on the above International Round Table, Unesco, 1978 (OPI-78/WS/1), 77 pp.

Texts of the speeches delivered.

Terminology Used in Special Education, IBEDATA 77:2, Unesco: International Bureau of Education, 1977, 368 pp.

Lists of terms used in special education with definitions in four languages: English, French, Russian and Spanish. A preliminary issue to which specialists concerned may react with comments and criticism, in order to build up a better tool for international communication in the special education field.

Economic Aspects of Special Education, Unesco, 1978 (ISBN 92-3-10514-1), 152 pp.

Containing three studies: Czechoslovakia, New Zealand and the United States of America, with an introduction and a summarizing chapter. It indicates that special education is worth while not only on humanitarian but also on economic grounds.

Regional Seminar on the Education of Mentally Retarded Children in Asia and Oceania, Macquaire University, Australia, 3-14 July 1978. Report of the Seminar, Unesco, 1979.

The report contains papers presented by participants on the situation of special education in their home countries; recommendations elaborated by the group on the basis of topic areas identified by the participants to be considered in provision of effective educational programmes for the mentally retarded; short summaries of papers given; and other details of the programme of the seminar.

Constructive Education for Special Groups, Unesco, 1979 (ISBN 92-3-101588-5 Unesco), (ISBN 0-245-53352-4 Harrap), 144 pp.

This third volume in the "Constructive Education" trilogy has examined the situation of handicapped, deprived and deviant children profoundly and with great compassion.

Red Thread Riddles, Unesco, 1979 (ISBN 92-3-101735-7), 24 pp.

A picture book designed for small blind children.